

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029926

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7494

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis, Missouri

Length of stay in 1b

77 yrs

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 1414 FERRY STInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

c. CITY  
OR  
TOWN ST. LOUISInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 1414 FERRY ST

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Charles

Finnern

4. DATE  
OF  
DEATH

Month

Day

Year

July 20, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

APR. 14, 1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

RETIRED CHAUFFEUR

10b. KIND OF BUSINESS OR INDUSTRY

CITY OF ST. LOUIS

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN FINNERN

13b. MOTHER'S MAIDEN NAME

EMMA EHLERS

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

DOROTHY HARRER 4411 N. 19 ST

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Fibrillation

INTERVAL BETWEEN  
ONSET AND DEATH  
24 hrs.

DUE TO (b)

Rheumatic Heart Disease

3 years

DUE TO (c)

416X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December, 1960, to May 23, 1963 and last saw her  
him alive on 5-23-63  
Death occurred at 5:20 p. m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

7/21/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

JULY 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

ST. PETERS CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS CO

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

C. J. Meyer 3924 N. 105T

25. DATE RECD. BY LOCAL REG.

JUL 22 1963

26. REGISTRAR'S SIGNATURE

E. R. Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.